

# Vermont Advance Directive Registry

## AGENT GUARDIAN NOTIFICATION FORM

FIRST READ INSTRUCTIONS ON REVERSE SIDE!

**IMPORTANT NOTE:** THIS INFORMATION MAY NOT HAVE BEEN PROVIDED BY THE REGISTRANT NAMED IN THE ADVANCE DIRECTIVE. THE REGISTRY IS REQUIRED BY LAW TO APPEND THIS NOTIFICATION FORM TO THE DOCUMENTS IN THIS REGISTRANT'S ADVANCE DIRECTIVE; HOWEVER, THE REGISTRY HAS UNDERTAKEN NO INDEPENDENT VERIFICATION OF THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM, NOR CAN THE REGISTRY GUARANTEE THAT IT ACCURATELY REFLECTS THE WISHES OF THE REGISTRANT. IT IS RECOMMENDED THAT INDEPENDENT VERIFICATION IS MADE OF THE INFORMATION CONTAINED IN THIS FORM BEFORE RELYING UPON SAME TO MAKE ANY HEALTH CARE DECISION FOR ANY PERSON.

### Section A: Identify the principal (the adult who has recorded their decisions in the advance directive)

NAME			DATE OF BIRTH
ADDRESS			
CITY	STATE	ZIP	REGISTRY REGISTRANT ID #
CONTACT PHONE NUMBER ( )		ALTERNATE PHONE NUMBER ( )	

### Section B: Identify the individual making the notification

NAME OF NOTIFIER			RELATIONSHIP TO PRINCIPAL (circle one) <b>Agent or Guardian</b>
CONTACT ADDRESS			
CITY	STATE	ZIP	ALTERNATE PHONE NUMBER ( )
CONTACT PHONE NUMBER ( )		FAX ( )	

### Section C: Identify the source of knowledge

I have obtained the knowledge of the advance directive change from:

☐ Principal ☐ Provider ☐ Agent ☐ Guardian ☐ Other: \_\_\_\_\_

The name of this individual (if available): \_\_\_\_\_

### Section D: Type of Change (check one box)

- ☐ **Amend** Check this box to report an amendment to the advance directive.
- ☐ **Revoke entire** Check this box to report a revocation to the entire advance directive.
- ☐ **Revoke partial** Check this box to report a revocation to a part of the advance directive.
- ☐ **Suspend** Check this box to report a temporary suspension to all or part of the advanced directive for a specific period of time, or while a certain condition exists. Describe.  
Suspension begins: \_\_\_\_\_  
Suspension ends: \_\_\_\_\_
- ☐ **Replacement** Check this box to report the existing advance directive is being replaced.

### Section E: Agent or Guardian Signature

*I hereby notify the Vermont Advance Directive Registry I have become aware of a change to the named principal's advance directive, and certify the information provided is correct to the best of my knowledge.*

Print Name: \_\_\_\_\_  
Sign Name: \_\_\_\_\_  
Signature Date: \_\_\_\_\_

**Registry Use Only**

Date Received:

Date Confirmed:

**53101301**

## **Definitions**

“Agent” means an adult with capacity to whom authority to make health care decisions is delegated under an advance directive, including an alternate agent if the agent is not reasonably available.

“Guardian” means a person appointed by the probate court who has the authority to make medical decisions pursuant to 3069(b)(5) of Title 14.

“Principal” is the adult who states their decisions in an advance directive.

“Registrant” is the principal of an advance directive registered with the Vermont Advance Directive Registry.

## **Obligations of Agents and Guardians**

An agent or guardian who becomes aware of an amendment, suspension, or revocation of a registrant's advance directive shall make reasonable efforts to notify the Vermont Advance Directive Registry of the amendment, suspension, or revocation by completing and sending an Agent/Guardian Notification if the patient's advance directive has been submitted to the registry.

When the Registry receives the Agent/Guardian Notification, the completed form will be scanned into the registrant's file so that it is placed before previous submitted documents.

Failure to notify the Registry of an amendment, suspension, or revocation of an advance directive does not affect the validity of the amendment, suspension or revocation of the advance directive.

## **Instructions**

1. Sections A and B: Complete these sections with as much available information as possible, including your relationship to the principal. The principal is the adult who states his or her decisions in the advance directive.
2. Section C: Select the box identifying the original source of the information which made you aware of the change. Include the name of the individual when possible.
3. Section D: Select the box corresponding to the type of change you are reporting.
4. Section E: Print, and sign your name; include signature date.
5. FAX to: (908) 654-1919
6. Or MAIL to: The Vermont Advance Directive Registry (VADR)  
523 Westfield, Ave., PO Box 2789  
Westfield NJ 07091-2789
7. For additional information and forms visit: <http://healthvermont.gov/vadr/> or call 1-800-584-9455.

**IMPORTANT NOTE:** This document only records an agent or guardian's notification to the Registry (as required by Vermont law) of an awareness that an advance directive has changed. This notification does not change the advance directive; only changes made by the principal affect their advance directive. The Registry cannot guarantee the accuracy of any information contained herein, and has not verified any of the information submitted on this form. Verification of the information contained herein with the patient or their authorized representative is recommended before relying on same to make any healthcare decisions.